AHLTA

Data Quality Management Course
February 2009

DHIMS Sustainment

Known Issues

- **New Issues**

  - **Error Code 102 False Positives**

- **Update on Old Issues**

  - **Duplicate Patients**

  - **ADM Writeback Errors**

  - **Signed encounters that have not synched to the CDR**

  - **Inferred/missing SADRs**

Why Duplicate Patient Records

- Unintended human error during patient registration
  - Typographic errors
    - Critical errors (EDI_PN, SSN, Last_Name)
    - Less critical errors (MIDDLE_Name, Gender, SPONSOR_SSN, etc.)
  - Inaccurate information from source
- Workflow-induced data entry issues during patient registration
  - Time pressure
  - Multiple eligibilities
  - Pseudo-SSN
- Automated errors
  - PIDS "fetches", etc.

Attention to detail at the MTF

- Ongoing assessment of error generation mechanism
  - No new items to report (see next slide)
- Manual process developed to correct errors
  - Teamwork effort of site and TMCI contract team
  - CHCS I bulk merges also need AHLTA cleanup – Developer is working on this
- Automated error correction
  - Identified 1.2 million duplicates in the CDR. Cleanup should begin in Jul
  - Pursuing automated method to identify and fix duplicate patients on a continual basis.
- Clerical staff issues
  - Air Force study; clerical staff training on duplicate record causes
    - Error rate dropped from 25% to 15%
  - Limit number of people with access to registration

Major causes of duplicate patient records

- 1. If accessing the master patient index is slow, users will often create a record "to get the patient seen"; this produces a duplicate record. Commonly, though the wait is not usually long

- 2. DEERS has a very rigid trait matching system, so a mis-type will fail to find the patient's record. If the user doesn't review his/her input to detect the error , he/she might create a new record, again, to "get the patient seen".
  - ◘ We are looking at purchasing a modern trait-matching service that will cut way down on this (time-line not determined yet).

- 3. If there is a significant enough difference between the patient's DEERS demographics and the data that is entered, DEERS may recognize the person as a new patient.
  - ◘ The prospective trait-matching service should eliminate this.

- 4. If the patient gives incorrect demographic information to the user (error, language barrier, nicknames, non-western-type names), the same will happen as noted in #3 above.

- 5. Use of Pseudo-SSN's (will almost always result in duplicate record):
  - Not everyone whose care is documented in AHLTA has a SSN yet (e.g. newborns and foreign nationals), but DEERS requires one.
  - The necessary workaround is to create a "pseudo-SSN", to be replaced with the correct one when one is issued.
    - There are rules about what numbers to place where in order to show that it is a PSSN rather than a true one, but sometimes errors occur
    - Also, the MTF has to keep track of these patients in order to substitute the real number when it is available--doesn't always happen.

AHLTA and Patient Merge...

- Current manual process for merging duplicate records
  - Duplicate records are detected either by provider at point of care or by automated "comb" of MTF LCS. MTF creates Trouble Ticket(s)
  - TMCI (Tier 3) Triage group receives and manages all MHS trouble tickets
  - After investigation and verification that it is truly a merge issue the information is sent to DISA
  - DISA then combines the different records into one "KEPT" record.
- Automated identification and resolution
  - Automated system will find duplicates and resolve them
    - Current rate of duplicate record creation is about 18000/year
    - There are currently 1.2 million duplicates identified in CDR – automated system will clean up

- Invalid or Out-of-Sync FY 08 ICD9 codes and CPT codes
  - Shows as an ADM writeback 102 error. There were some problems with out of synch FY 07 and FY 08 codes. These errors were fixed in Jul 08. Cleanup for Jan-Jun 08 data is not complete. See list of sites that still need to take action.
- 76% of the Oct EC 102 failures enterprise-wide are false positives failing with error: "At least 1 ICD9 code must be present". This has been fixed day forward for all sites. NG will now work with sites to reset to 120 so the false positives don't show on the ADM writeback report.
- Missing CDR encounter numbers. This is a known problem and NG is currently fixing.

Types of EC 103 errors
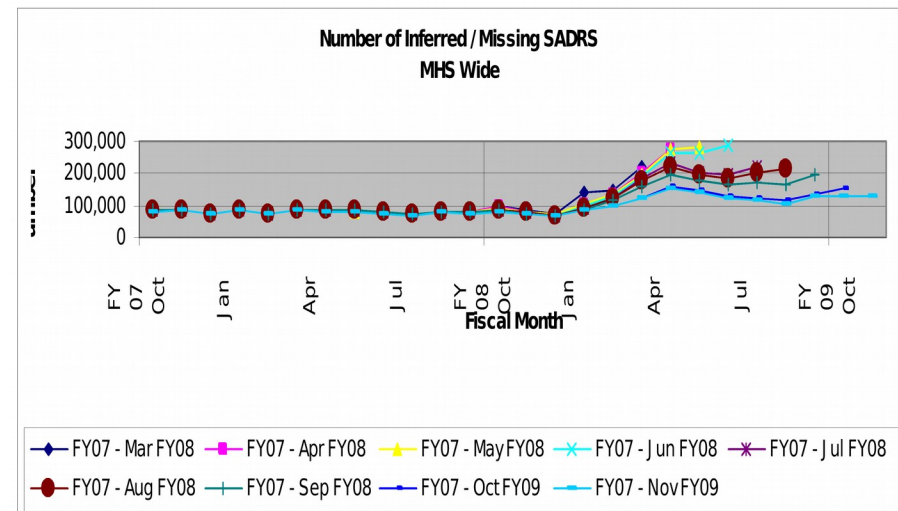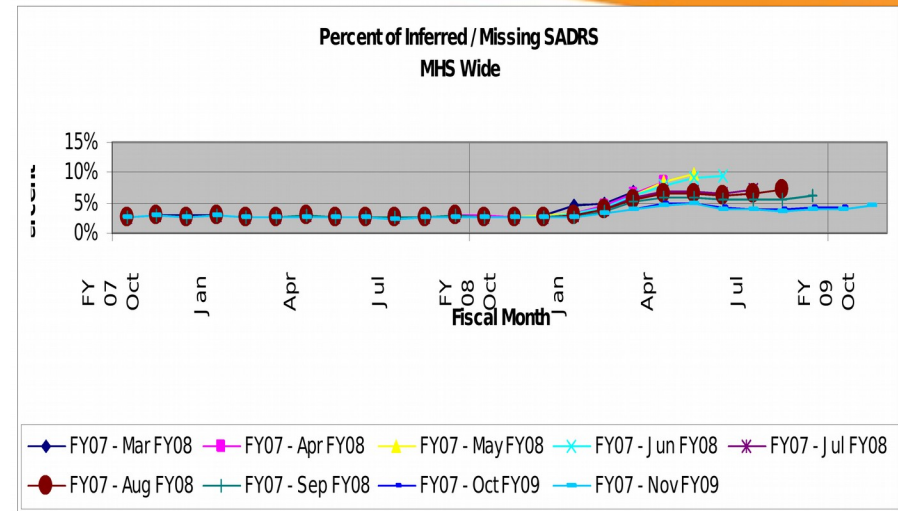- ◘ Disposition is required
- ◘ Invalid Modifier MOD1 for EM code
- ◘ Injury Cause Code is missing
- ◘ M/Objects errors

Inferred/missing SADRs

- Began increasing in January 2008 due to mismatch between FY 07 and FY 08 CPT codes

- Steady decrease toward baseline since June 2008 due to implementation of the FY 08 CPT codes and NG requeueing of the encounters.

Percent of Inferred / Missing SADRS
MHS Wide

Number of Inferred / Missing SADRS
MHS Wide

Questions???